TROY REGIONAL MED CENTER
SUMMARY SHEET

PAT #	I/P-O/P	ADV	CHART #
3328898	O	Y	39065

PATIENT NAME & ADDRESS
FENN JOHNNIE C
PIKE COUNTY JAIL
TROY AL
360810000
PH 334-735-0348

BIRTH DATE AND PLCE	AGE	PATIENT SSN
5/08/80	24	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

OCCUPATION	SEX	RACE	STATUS	REL
	M	B	M	U

ADMIT DATE TIME	DISCG DATE TIME	SERVICE	RM /BD#
10/09/04 2009		EOP	

GUARANTOR NAME & ADDRESS	IN CASE OF EMERGENCY	CONTACT
FENN JOHNNY C	BROWN ADA MCLEOD	BROWN WILLIE JOE
PIKE COUNTY SHERRIFF DEP	103 FENNY HILL	
BRUNDIDGE AL	BRUNDIDGE AL	TROY AL
360100000	360100000 PH 334-674-0517	360790000 PH 334-674-1087
PH334-735-0348	RELSHMOTHER	RELSHP:FATHER

PATIENT EMPLOYER	GUARANTOR EMPLOYER	FINANCIAL CLASS
		H PPO
		GUARANTOR SSN
PH	PH	DISCHARGE STATUS ( )

PLAN	PAYOR AND ADDRESS 1	NAME OF INSURED/ADDRESS 2	POLICY#/ADDR3/GROUP#
2	PRISON HEALTH SERVICE PO BOX 967	FENN JOHNNIE C	423153027 BRENTWOOD TN 37024

ADMITTING DIAGNOSIS	PHYSICIAN 00624	SIGNATURE (PARENT/GUARDIAN)
ALTERCATION	MORGAN THEODORE M SR	

PRINCIPAL DIAGNOSIS:

COMPLICATION/COMORBIDITY:

SECONDARY DIAGNOSIS:

PRINCIPAL PROCEDURE:

OTHER PROCEDURES:

DATE: ____________ PHYSICIAN ____________

INITIAL ASSESSMENT FORM — **Troy Regional Medical Center**

PRIORITY: 3

Semi-Urgent

DATE: 10/09/2004

Patient: **FENN, JOHNNIE C**
DOB: 05/08/1980 AGE: 24YRS Sex: M
EDP: MORGAN, THEODORE
PCP: DICHIARA, P M

Pt#: 3328898
MR#: 000039065
Worker's Comp:
Emp. Referred:

Presentation Time: 20:09 Triage Time: 20:09 Arrival Mode: POV-Amb

Height: ' " Weight: lbs. kgs. LMP: Last Tetanus: under 5 yr Acc By:

Chief Complaint: ALTERCATION

Brief Assessment: PRESENTED TO ER WITH C/O GOT INTO FIGHT IN COUNTY JAIL. SMALL LACERATION TO LEFT EYE BROW. MULTIPLE SMALL LACERATIONS TO LOWER LIP. SWLLEN AREA TO CORNER RIGHT MOUTH. STATES WAS HIT IN HEAD WITH A PIECE OF STEEL.
Right ~~Left~~ index finger numb.

Vital Signs

T:	98.5	PO
P:	70	Regular
R:	18	Unlabored
BP:	095/054	
O2:	98 % RA	

Pain Intensity Scale: / 10
Pain Location:

NIGHT SWEATS	NO	HEMOPTYSIS	NO
WEIGHT LOSS	NO	FEVER	NO
ANOREXIA	NO		

Domestic Violence	NO
SARS	NO
	UNK
REPORTS LOC	NO
LAW ENFORCEMENT NOTIFIED	YES
OBJECT/WEAPON USED	UNK
REPORTS ETOH/DRUG USE	NO

Sudden Onset:

Pre-Hospital Treatment: NONE

Pediatric Assessment: N/A

Past Medical History: SIEZURES NERVES

Allergies: SULFUR

Medicines:

Nurse Signature: SHodges RN SLH

Additional Notes:

Rev 04/12/04

EMERGENCY DEPARTMENT
TRAUMA NURSING ASSESSMENT 1 of 2

Troy Regional Medical Center

Name: FENN, JOHNNIE C Pt#: 3328898
Age: 24YRS DOB: 05/08/1980 Sex: M MR#: 000039065
EDP: MORGAN, THEODORE PCP: DICHIARA, P M

Date In: 10/9/2004 Time: 2009

PRE - HOSPITAL

Injury Time: Injury Date: Mode of Arrival: POV-Amb ☐ Other

Mechanism of Injury:
☐ GSW ☐ MVC: ☐ Motorcycle ☐ Home
☐ Stabbing ☐ Restrained ☐ Bicycle ☐ Farm
☐ Crush ☐ Unrestrained ☐ Helmet ☐ Industrial
☐ Fall Ht: ☐ Airbag deployed ☐ No Helmet ☐ Abuse
☑ Assault ☐ Ejected ☐ Unknown ☐ Burn est. % BSA:
☐ Drowning ☐ Rollover ☐ Pedestrian ☐ Other:
☐ Driver
Describe Details:
☐ Passenger
☐ Front ☐ Back

HT: WT: Last Tetanus: 6 mos ago LMP: N/A
Allergies: Sulfur
Current Meds: None
PMHx: Seizures

Pre-Hospital Care:
Arrived from: ☐ Scene ☐ Hospital(specify)
GCS: Revised Trauma Score:
☐ Backboard ☐ O2 NC: L/min.
☐ C-Collar ☐ O2 NRB100%
☐ CPR ☐ Bag/Valve/Mask
☐ Other: ☐ Intubated Size: Location:
☐ IV # 1 Site: Ga: LTC
☐ IV # 2 Site: Ga: LTC
Total fluids infused PTA:
Medication Pre-Hospital:

Vital Signs: ☐ At the Scene ☐ En Route
T: P: R: BP: / O2 Sat:

PRIMARY ASSESSMENT

Airway: ☑ Patent ☐ Obstructed ☑ Trachea at Midline ☐ Tracheal Deviation ☐ Right ☐ Left ☐ Other: (specify)

Breathing: ☑ Spontaneous ☑ Unlabored ☐ Labored ☐ Assisted: (specify)
Breath Sounds: Right ☑ Present ☐ Absent ☐ Diminished ☐ Other: (specify)
Left ☑ Present ☐ Absent ☐ Diminished ☐ Other: (specify)
Chest Movement: ☑ Symetrical ☐ Asymetrical ☐ Other: (specify)

Circulation: Capillary Refill ☑ < 2 secs. ☐ > 2 secs. Skin Temperature: ☑ Warm ☐ Cool
Neck Veins: ☑ Flat ☐ Distended Diaphoresis ☐ Yes ☑ No
EKG Rhythm: Heart Sounds:

Neuro: ☑ Alert ☑ Oriented ☐ Unresponsive ☑ Cooperative ☐ Uncooperative ☐ Combative
C-spine: ☐ Tender ☑ Non-Tender ☐ Immobilized ☐ C-Collar ☐ Backboard

Abdomen: ☑ Soft ☐ Rigid ☐ Distended ☐ Obese ☐ Tender ☑ Non- Tender
Bowel Sounds: ☑ Present ☐ Absent Fetal Heart Tone: ☐ Present ☐ Absent ☑ N/A
Rectal Tone: ☐ Present ☐ Absent Guiac: ☐ Pos ☐ Neg

Pelvis: ☑ Stable ☐ Unstable ☐ Tender ☐ Non- Tender

GU: ☐ Blood at Meatus ☐ Vaginal Exam: N/A

Extremities:
RUE Pulses: ☑ Yes ☐ No Cap. Ref.: ☑ < 2 s. ☐ > 2 s. Motion: ☑ Yes ☐ No Sensation ☑ Yes ☐ No Temp. ☑ W ☐ C Color
LUE Pulses: ☑ Yes ☐ No Cap. Ref.: ☑ < 2 s. ☐ > 2 s. Motion: ☑ Yes ☐ No Sensation ☑ Yes ☐ No Temp. ☑ W ☐ C Color
RLE Pulses: ☑ Yes ☐ No Cap. Ref.: ☑ < 2 s. ☐ > 2 s. Motion: ☑ Yes ☐ No Sensation ☑ Yes ☐ No Temp. ☑ W ☐ C Color
LLE Pulses: ☑ Yes ☐ No Cap. Ref.: ☑ < 2 s. ☐ > 2 s. Motion: ☑ Yes ☐ No Sensation ☑ Yes ☐ No Temp. ☑ W ☐ C Color
Back Exam:

TRAUMA TEAM

ALERT ACTIVATION TIME:

	NAME	Time Called	Call Returned	Time ARRIVED
ED PHYS				
GEN SURG				
ANESTH				
ORTHO				
LAB				
XRAY				
RESP				

Glasgow Coma Scale

Eye Opening	Best Verbal Response	Best Motor Response
4 Spontaneous	5 Oriented	6 Obeys Command
3 To Voice	4 Confused	5 Localizes Pain
2 To Pain	3 Inappropriate Words	4 Withdraws from Pain
1 None	2 Incomprehensible Words	3 Flexion (Pain)
	1 None	2 Extension (Pain)
		1 None

Eye: 4
Verbal: 5
Motor: 6
Total GCS: 15

REVISED TRAUMA SCORE Total RTS:

GLASGOW COMA SCALE (GCS)			RESPIRATORY RATE			SYSTOLIC BLOOD PRESSURE		
13-15	4		10-29/minute	4		90 mm Hg or greater	4	
9-12	3		>29/minute	3		70-89 mm Hg	3	
6-8	2		6-9/minute	2		50-69 mm Hg	2	
4-5	1		1-5/minute	1		0-49 mm Hg	1	
3	0		None	0		No Pulse	0	

EMERGENCY DEPARTMENT
TRAUMA NURSING ASSESSMENT 2 of 2

Troy Regional Medical Center

Name: FENN, JOHNNIE C Pt#: 3328898
Age: 24YRS DOB: 05/08/1980 Sex: M MR#: 000039065
EDP: MORGAN, THEODORE PCP: DICHIARA, P M

SECONDARY ASSESSMENT

HEAD: Small laceration to left eye brow. Multiple small lac inside lower lip. Swollen area Lt corner mouth
NECK: Supple. No trauma Noted

CHEST: NO trauma Noted

ABDOMEN: Soft. Non-tender

GI / GU: Not assessed
PELVIS: Stable. Non-tender

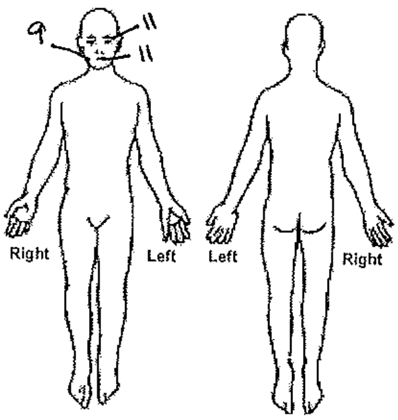
BACK: Non tender. No trauma Noted.

EXTREMITIES: Moves all extremities well. C/o numbness to Lt index finger.

Eyes: Pupils 2 (circled) 3 4 5 6 7 8

Equal ☑ Reactive: ☑ Brisk ☐ Sluggish ☐ Nonreactive

Use numbers to indicate injury location and type



1. Abrasion
2. Amputation
3. Avulsion
4. Burn
5. Closed Fx / Dis.
6. Contusion
7. Crepitus
8. Deformity
9. Edema
10. GSW
11. Laceration
12. Open Fx.
13. Stab
14.
15.

Time	Temp	Pulse	Resp.	O2 Sat	B / P	Pain 1-10	GCS	RTS	Pupils Left mm +/-	Pupils Right mm +/-

Time	Medication	Dose	Route	RN

Time	PROCEDURES	By Whom	Results
	☐ETT ☐NTT		Size: Position:
	Cricothyrotomy		Size: Position:
	Central Line		Size: Site:
	Chest Tube # 1		Size: Site:
	Chest Tube # 2		Size: Site:
	Thoracotomy		
	Pericardiocentesis		
	Peritoneal Lavage		
	Foley Catheter		Dipstick + -
	Ng Tube		Dipstick + -

IV FLUIDS AND BLOOD PRODUCTS

Time	Site & Gauge	IV #	Solution or Blood	Amount	Total Infused

INTAKE Total:	OUTPUT Total:
PTA:	Urine:
IV Fluids:	Emesis:
Blood:	NG:
PO / Contrast:	Chest:

DISPOSITION

☐ Admit Service/MD: Report Given To:
☐ Transfer To: Report Given To:
☐ Expired Coroner Called by: Body Released ☐ Yes ☐ No
☑ Discharge ☐ AMA
☐ Family Present ☐ Family Notified by:

VALUABLES: ☑ None ☐ Family ☐ Security ☐ Police
☐ See Nursing notes for listing

NURSE SIGNATURE: S Hodges RN

Rev. 03/05/04

EMERGENCY DEPARTMENT
ONGOING NURSING ASSESSMENT

Troy Regional Medical Center

Name: FENN, JOHNNIE C Pt#: 3328898
Age: 24YRS DOB: 05/08/1980 Sex: M MR#: 000039065
EDP: MORGAN, THEODORE PCP: DICHIARA, P M

Date: 10/9/2004

NURSING DIAGNOSIS (Number in order of priority. Each patient must have at least one selected.)

___ Airway Clearance, Ineffective	___ Communication Impaired	___ Infection, Potential	___ Self Care Deficit
___ Anxiety	___ Coping, Ineffective	___ Injury, Potential	___ Skin Integrity Impairment
___ Breathing Patterns, Ineffective	___ Fluid Volume, Alteration in	___ Knowledge Deficit	___ Thought Processes, Impaired
___ Cardiac Output, Decreased	___ Gas Exchange, Impaired	___ Mobility Impaired	___ Thought Processes, Alteration in
✓ Comfort, Alteration in	___ Hyperthermis (Fever)	___ Non-Compliance	___ Tissue Perfusion, Alteration in
___ Other ______		___ Other ______	

The GOAL / PLAN for this patient is to assist in meeting identified needs and initiate interventions for / to:

	Met	Not Met	Int
☐ FB REMOVAL			
☐ BLEEDING CONTROL			
☐ PAIN CONTROL	✓	✓	
☐ ALLEVIATE N/V			
☐ FEVER CONTROL			
☐ DECREASE ANXIETY			
☐ SAFETY IN THE ED	✓		de

	Met	Not Met	Int
☐ IMMOBILIZATION / PROPER ALIGNMENT			
☐ DECREASE / PREVENT SWELLING			
☐ MAINTAIN STABLE HOMEOSTASIS			
☐ MAINTAIN SKIN / TISSUE INTEGRITY			
☐ PREVENT FURTHER INJURY			
☐ MAINTAIN / IMPROVE CIRCULATION			
☐ INFECTION CONTROL			

	Met	Not Met	Int
☐ IMPROVEMENT OF BREATHING			
☐ STABILIZE PATIENT IN DISTRESS			
☐ meet ENVIRONMENTAL NEEDS			
☐ meet PSYCHOSOCIAL NEEDS			
☐ meet SELF CARE ABILITY NEEDS			
☐ meet EDUCATIONAL NEEDS	✓		de
☐ Other			

Int: N = documentation in nurses notes, other 'codes' per Hospital Policy.

Time	Nurses Progress Notes & Reassessment	Signature
	D/c'd to PCJH c	
	Sheriff. handcuffs.	
	en No distress —	deR

Time	T	P	R	BP	O2 Sat	NG / Emesis	Cardiac Monitor	Urine	GCS	Pain Scale

Disposition

Discharged in care of: Sheriff ☐ Amb ☐ W/C ☐ Stret ☐ Carried
Discharge instructions given to Sheriff ☑ Verbalized understanding
Admit: Room #: ______ to Dr. ______ Ready for Room Time: ______
Report called at ______ and given to ______
Transfered to ______ ☐ Transfer Verified
Report called at ______ and given to ______
☐ Left without treatment ☐ Left Against Medical Advise
Condition at Disposition: ☐ Improved ☑ Stable ☐ Serious ☐ Expired
Pain Scale: ______ Pain Location: ______
Patient reports that pain is: ☐ Improved ☑ Unchanged ☐ Worse
Disposition Vitals: T ______ P 70 R 18 BP 129/54 O2 ______
Disposition Date: 10/9/04 Time: 2202. Nurse: D Reeder R.

Rev. 03/05/04

T.oy Regional Medical Center

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: FENN, JOHNNIE C Pt#: 3328898 DATE OF SERVICE: 10/9/2004
DOB: 5/8/1980 Age: 24 Yrs 0 Mos 0 Wks MR#: 000039065 Pres Time: 20:09
Sex: M Wt: KG Ht: ' " Triage Time: 20:09
Chief Complaint: ALTERCATION T: 98.5 PO
Medicines: P: 70 Regular
R: 18 Unlabored
Allergies: SULFUR BP: 095/054
SaO2: 98 % Normal / Hypoxia
EDP: MORGAN, THEODORE PCP: DICHIARA, P M Arrival Mode: POV-Amb Pain Scale:

HISTORY OF PRESENT ILLNESS

Exam Time: 5[illegible] Hx by: (Patient) Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia
C / C / HPI: (Narrative): C-collar / backboard PTA Y / N EMTALA Medical Screen: Emergent [X] Non-Emergent [ ]

24 y/o male
c/o assault
[illegible] in face c metal [illegible]
[illegible]

Timing: Sx started (suddenly) / gradually / min. (hrs) / days / wks. ago : (continuous) / intermittent
Duration: Sx last / min. / hrs. / days / wks. at a time : (present) / absent
Location: head (face) neck back abd chest upper ext R / L lower ext R / L Rt hand
Quality: cannot describe (beaten) fists kicked GSW stab wound crushing injury
Severity: (mild) moderate severe 1-10 scale ___ life threatening
Context: (assaulted) (fighting) accident ETOH / drug related found unresponsive
Exacerbated by: nothing (movement) palpation Relieved by: (nothing) rest ice Tylenol
Assoc. Signs & Symptoms: none LOC S.O.B. abd pain bleeding Fx

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia

Constitutional: fever chills weakness diaphoresis
ENT: sore throat ear pain (facial pain)
Eyes: pain visual changes
Cardiovascular: C.P. palpitations DOE PND
Respiratory: S.O.B. cough congestion
GI: N / V diarrhea / constipation pain melena hematemesis
GU: flank pain dysuria hematuria frequency
Musculoskeletal: (joint pain) neck / back pain ext pain rt hand

Neurological: HA seizures weakness confusion
Psychological: anxious depressed
Endocrine: polyuria polydipsia
Integument: rashes pruritis lesions
Hematologic: anemia bleeding disorders transfusion
Allergy/Imm.: frequent infections allergies hives
Other:

[X] All Other Systems Reviewed And Are Negative [ ] Agree With Nursing Assessment

MEDICAL AND SOCIAL HISTORY

Med Hx: none CAD HTN IDDM / NIDDM [ ] Reviewed
Past Med Hx: SIEZURES NERVES GSW - mouth
Meds: Ø [ ] Reviewed
Allergies: (SULFUR) [ ] Reviewed
Surg Hx: none Appy Chole Hyster
Family Hx: negative R / L Handed Lives Alone: Y / (N)
Social Hx: Tobacco: (Y) / N ½ Packs/Day ___ Years ETOH: Y / (N) ___ Drinks/Wk. Drugs: Y / (N) Jail
Occupation:
Immunizations: Up-to-date: Y / N Tetanus: under 5 yr
Reproductive Hx: LMP: G P AB

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Rev. 03/05/04

Troy Regional Medical Center

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: FENN, JOHNNIE C Pt#: 3328898 MR#: 000039065

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress VITAL SIGNS: T 98.5 P 70 R 18 BP 095/054

HEENT: NC / AT PERRLA EOMI JVD Bruits Sclera hemat

CV: RRR PMI NL murmurs /6 sys / dys Location/Description of Symptoms:

rubs clicks gallops S3 / S4

RESP: lungs clear / equal bilateral resp. effort NL / distress inner lower lip hemat, small lac [illegible] s/p [illegible]

rales rhonchi wheezes

GI: soft flat / distended bowel sounds NL / ABN

tender / non-tender guarding rebound rigidity

MS: ROM NL clubbing cyanosis edema

SKIN: warm - dry diaphoretic rashes (see diagram)

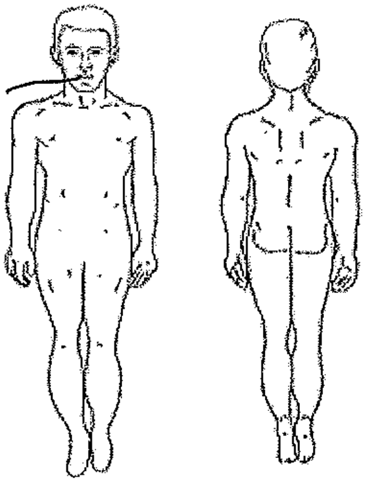
NEURO: CN 2-12 intact DTRs equal / symmetric GCS 15

PSYCH: AAO X3 mood / affect NL

LYMPH: adenopathy

GU: NL / deferred

Other:



MEDICAL DECISION MAKING

LABS AND STUDIES

Labs reviewed and are negative

NL / ABN NL / ABN

DIFF

PT / PTT: S ______

LFTs: SGOT SGPT B ______

UCG: + / - L ______

UA: SG prot RBCs WBCs

Cardiac Enzymes:

X-Ray: C-spine CXR pelvis

C.T.: chest

Rhythm Strip: NL ☐ ABN ☐

Comments:

EKG: NSR no acute disease

RA O2: ______

Pulse Ox: % NL / hypoxia

ABG: pH O2 CO2

DDX: closed head injury pneumothorax hemothorax GSW contusion

ruptured viscus hypovolemia / shock other:

ED COURSE AND TX

MEDS:

IVF: 2 large bore IVs

FOLEY:

NG:

Type & Cross: ______ units PRBCs

RE-EVAL: Time: ______

Improved Same Worse

Critical Care: 30-74 / 75-90 / 91-104 / 105-120 / 121-134 / 135-164 Minutes

☐ Excl. Billable Proc.

CLINICAL IMPRESSION(S)

1. assault
2.
3.
4.
5.

DISCHARGE INSTRUCTIONS

Discharged to: Home Nursing Home Family

Follow-up with Patient's Dr. in ______ days.

Other Instructions:

[illegible handwriting]

Prescriptions Given:

RETURN TO ER IF CONDITION WORSENS.

CONSULTATION

Discussed with Dr. ______

Admit

Follow-up in Office

Old Records Reviewed Y / N

Reviewed D/W Radiologist Y / N

Case D/W Patient / Family Y / N

DISPOSITION

Discharge Time Out: ______

Admit: OBS ICU PCU Floor Tele. OR

Transfer:

AMA:

DOA:

Condition: Improved Stable Deceased

See procedure form attached ☐

Signatures: ______ PA/ARNP ______ MD/DO Record Complete ☐

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Rev. 03/05/04

ORDER PROCEDURE FORM
TRAUMA EMERGENCIES

Troy Regional Medical Center

Name: FENN, JOHNNIE C Pt#: 3328898
Age: 24YRS DOB: 05/08/1980 Sex: M MR#: 000039065
EDP: MORGAN, THEODORE PCP: DICHIARA, P M

Date In: 10/9/2004 Time:__________

Laboratory Tests

Order Time		Order Sent	By
	CBC		
	BMP CMP		
	Amylase Lipase		
	Drug screen (serum), (urine)		
	ETOH		
	Cardiac Profile		
	PT/PTT		
	Type & Screen or Cross #___ Units		
	UA		
	Preg. Screen		
	Misc. Orders		
	Previous Medical Records		
	Physical Therapy - Eval & Tx		

Other Diagnostic Tests

Order Time	Radiology	Order Sent	By
	CXR (PA/LAT - Portable)		
	C-Spine (X-table) (Complete)		
	CT Head		
	Right hand	2020	SHH
	Mandible	2020	SHH
	Cardiopulmonary		
	EKG		
	ABG		
	O2 LPM		

Medical Necessity Information:

Weight: lbs: kgs:

Allergies: *SULFUR*

Order Time	Medication / Dosage / Route	VO	Read Back	Adm time	Adm by	Site	Time	Reassessment	Pain	Initials
	Motrin 800mg Po	☐		2153	De	Po		☐ Improved ☐ Worse ☐ Unchanged		
	Motrin 800mg given to go c first.	☐						☐ Improved ☐ Worse ☐ Unchanged		
	oral & written - dc	☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		
		☐						☐ Improved ☐ Worse ☐ Unchanged		

Order Time	IV / Solution / Added Medication	StartTime Device / Size Location # Attempts Amount	Start by	D/C Time	Amt Infused	D/C by
	☐ KVO Device:					
	☐ IV Fluid:					

Procedures / Nursing Assistance

☐ Cardiac Monitor Rate____ Rhythm________	☐ Laceration Repair	☐ Blood Product Administration
☐ NIBP Monitor	☐ Cast / Splint	☐ Urinary Catheter Insertion # _____Fr.
☐ Pulse Oximetry	☐ Central Line Placement	☐ NGT Insertion # _____Fr.
☐ Endotracheal Intubation	☐ Suctioning	☐ CPR
☐ Chest Tube Insertion	☐ Cardioversion	☐ Wound Dressings
☐ Diagnostic Peritoneal Lavage	☐ Pericardiocentesis	

Discharge Instructions

Initials/Signature:	Initials/Signature:	PA/ARNP:	Physician's Signature:
SHH S Hodges RN	De [signature]		[signature]

Rev. 09/14/04

TROY REGIONAL MEDICAL CENTER
1330 HWY 231 S., TROY, AL 36081

RADIOLOGY REPORT

NAME	NUMBER	SEX	AGE	XRAY#	CHART#	TYPE	RM
FENN JOHNNIE C	3328898	M	24	57239	39065	ER	

DOB: 5-8-80
DATE OF EXAM: 10-9-04
DICTATED: 10-10-04/1505 TRANSCRIBED: 10-10-04/1528/NRH
EXAM: MANDIBLE/RT HAND
PHYSICIAN: MORGAN

PA, BOTH OBLIQUES AND REVERSED TOWNE'S VIEWS OF THE MANDIBLE: No definite fractures, dislocations, dentigerous cysts, or other significant radiographic abnormalities are seen. No other significant findings are noted.

Impression: Negative examination.

AP, OBLIQUE AND LATERAL VIEWS OF RIGHT HAND: No fracture, dislocation or significant arthritic process of the right hand is seen. There is a small foreign body vs. artifact overlying the thenar area of the hand in the 1 mm diameter range. No other significant findings are seen.

T. L. EAKES, M.D.
ROENTGENOLOGIST

PATIENT DISPOSITION PAGE **Troy Regional Medical Center**

Patient: **FENN, JOHNNIE C** Pt#: 3328898
DOB: 05/08/1980 AGE: 24YRS Sex: M MR#: 000039065
EDP: **MORGAN, THEODORE**
DATE: 10/09/2004 PCP: DICHIARA, P M Worker's Comp:
Emp. Referred:

Patient Disposition: DISCHARGE Acuity: 2

Presenting Complaint: *ALTERCATION* **PI Topics:** EMTALA YES

Discharge Diagnosis: CLOSED HEAD INJURY, ASSULT

Primary Nurse: SLH

Follow-up / Admitting Phys: DICHIARA, P M

Physician Consulted: No

Services Rendered: EXAM X-Ray, Meds

Presentation Time: 20:09

Triage Time: 20:09

Assess: 20:09

Exam: 20:09

	Initial Vital Signs		Discharge Vital Signs	
T:	98.5	PO		PO
P:	70	Regular	70	Regular
R:	18	Unlabored	18	Unlabored
BP:	095/054		100/054	
O2	98 % RA		% RA	
Pain Intensity Scale:	/ 10		/ 10	
Pain Location:				

Admit Ready for Room: 10/09/2004

Disposition Date/Time: 10/9/04 22:02 Payor Type: H PPO ER Patient: Yes

IHSOA, Inc.

Troy Regional Medical Center
1330 Highway 231 South
Troy, AL 36081
334-670-5000

Patient Teaching Instructions

FENN, JOHNNIE C - 3328898

Illness/Injury & Medicine Topics

CONTUSIONS (ENG)
ABRASIONS (SCRAPES AND SCRATCHES) (ENG)
HEAD INJURY (ENG)
MOTRIN (ibuprofen) (ENG)

Special Instructions

FOLLOW INST. GIVEN. MEDS AS DIRECTED. FOLLOW UP WITH FAMILY DOCTOR IN 2-3 DAYS IF NO BETTER. RETURN TO ER IF WORSE.

Your emergency care provider was:

THEODORE MORGAN

Referred to:
P M DICHIARA
1330 HWY 231 S. TROY, AL 36081
Phone: 3345661270
Hours:
Call for an appointment

Acknowledgement

I have received and I understand the instructions as described above.

Johnny Fenn
Patient or Guardian

D[illegible]
Staff

10/9/04
Date

2202
Time

100/54
70
18

1) **GENERAL CONSENT FOR TESTS, TREATMENT, AND SERVICES:**
I hereby voluntarily consent for treatment / admission to the Facility. I permit the Facility and its employees, physicians and others involved in my care to treat me in ways they judge to be beneficial to me. I understand that I have the right to ask questions and to receive information about my care and treatment, and the right to withdraw my consent for treatment or tests. I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s).

I agree and understand that all physicians, dentists, oral surgeons and podiatrists involved in my care in any way are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for the acts or omissions of the aforementioned. Some services may be performed by independent contractors who are not employed by the Facility. I am aware that the practice of medicine is not an exact science and further state that no guarantee has been or can be made as to the results of the treatments, care or examinations in the Facility.

2) **NURSING CARE:**
The Facility provides only routine nursing care. Private duty nursing is not provided but may be arranged directly between an agency and the patient at the patient's expense. The Facility is hereby released from any and all liability arising from the fact that I am not provided private duty care by the Facility.

3) **PERSONAL VALUABLES:**
I understand that the Facility maintains a safe for the safekeeping of money, valuables and personal belongings, and the Facility shall not be liable for the loss or damage to any articles of personal property unless said articles are deposited with the Facility in the safe and receipts are issued describing said items. At no time shall Facility be responsible for more than $500 for said deposited items.

4) **ASSIGNMENT OF INSURANCE BENEFITS / PROMISE TO PAY:**
I hereby assign and authorize payment directly to the Facility, and to any facility-based physician, all Facility benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third party, payable by any party, organization, et cetera to or for the patient unless the account for this Facility, outpatient visit or series of outpatient visits is paid in full upon discharge or upon completion of the outpatient series. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until the account is paid in full. I understand that I am responsible for any charges not covered by my insurance company.

The undersigned individually obligates himself / herself to pay the account of the Facility in accordance with the regular rates and terms of the Facility. If they fail to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, the undersigned shall pay all collection agency fees, court costs and attorney's fees. The undersigned also agrees that any patient or guarantor overpayments on the above Facility visit may be applied directly to any delinquent account for which the patient or guarantor is legally responsible at the time of the collection of the overpayment.

5) **WEAPON / EXPLOSIVES / DRUGS:**
I understand and agree that if the Facility at any time believes there may be a weapon, explosive device, biohazard material, any type of illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Facility may search my room and belongings, confiscate any of the above items that are found, and dispose of them as it determines appropriate including delivery of any item to law enforcement authorities.

(Continued on Back)

ADMISSIONS
Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment
TROY REGIONAL MEDICAL CENTER

ADDRESSOGRAPH

3328898 M 10/09/04 EOP
FENN JOHNNIE C
DR: MORGAN THEODORE M SR
05/08/1980 024
000039065

(Continued from Front)

6) **PRIVATE ROOM DIFFERENCE [Inpatient]:**
I agree and understand that if I request and receive a private room, I am responsible for the entire private room difference.

7) **ADVANCED DIRECTIVE ACKNOWLEDGEMENT:**
Federal law requires that you be provided information about your rights to make advanced health care decisions, including a Living Will, Durable Medical Power of Attorney or designation of a surrogate decision maker for healthcare decisions. If you have already completed any of these documents, please inform your physician and the Facility.

Please Check One:

- ☐ I have executed an advanced directive and have been requested to supply a copy to the Facility.
- ☐ I have reviewed the directive(s) on file with this Facility and it is / they are my current directive(s).
- ☐ I have not executed any advanced directives, but have received information about advanced directives from this Facility.
- ☐ I have not executed any advanced directives, but I have requested information about advanced directives from this Facility.
- ☑ I have not executed any advanced directives and I do not wish to receive information about advanced directives from this Facility.

8) **NOTICE OF PRIVACY PRACTICES:**
Required pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA)
I acknowledge that I have received a copy of the Facility's Notice of Privacy Practices that provides information about how the facility may use and disclose my protected health information.

The undersigned certifies that s/he has read the foregoing, understands it, accepts its terms, has received a copy of it and is the patient or is duly authorized by the patient as their agent to execute the above.

Patient's Signature or Legal Representative	Date	Time	
Pt unable to sign (cuffs)	10/9/04	8:24	☐am ☑pm
Relationship to Patient	Interpreter, if utilized		
Witness' Signature: Hannah Warren [signature]	If Telephone Consent, Second Witness' Signature		

ADDRESSOGRAPH

Fenn, Jo...

3328898 M 10/09/04 EOP
FENN JOHNNIE C
DR: MORGAN THEODORE M SR
05/08/1980 024
000039065

ADMISSIONS
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TROY REGIONAL MEDICAL CENTER

139-ADM-1701 Back 1/03

WHITE – Medical Record CANARY – Business Office PINK – Patient